MINISTRY OF HEALTH
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Borough of Stalybridge.

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1932

ALAN S. SIMPSON, M.B., B.S. (Lond.), M.R.C.S.,
D.P.H. (Eng.),
Medical Officer of Health.

PRINTERS : GEO. WHITTAKER & SONS, STALYBRIDGE

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Borough of Stalybridge.

Committees
(Nov. 1932—Nov. 1933).

PUBLIC HEALTH.

Chairman - Alderman Potts.

Deputy-Chairman -
Councillor Britnor.

The Mayor (Alderman Williams).

Alderman Summers.

Councillor Abrahams.

,, Bradbury.

,, Cuttle.

,, France.

,, Garnett.

,, Illingworth.

,, Leigh.

,, Longden.

,, Porter.

,, Twigge.

,, Wilson.

MATERNITY AND CHILD WELFARE.

Chairman - The Mayor
(Alderman Williams).

Deputy Chairman -
Alderman Greenwood.

Alderman Summers.

Councillor Britnor.

,, Leigh.

,, Longden.

,, Sidebottom.

,, Sykes.

,, Wilson.

*Mrs. Hayes.

* ,, McCarthy.

* ,, Tonge.

* ,, Walker.

* Co-opted Members.

Public Health Staff.

ALAN S. SIMPSON, M.B., B.S. (Lond.) M.R.C.S. D.P.H. (Eng.)
Medical Officer of Health, School Medical Officer, Medical Officer to Maternity and Child Welfare Dept., and Police Surgeon to the Borough Police.

W. J. BRADBURY, Cert. R.S.I.,
Sanitary Inspector, also Inspector under Contagious Diseases of Animals Act, Certified Inspector of Meat and Food and Cleansing Inspector.

Nurse E. M. HANMER, *†‡ Health Visitor.

" A. ROBERTS, *†‡ Health Visitor.

" McCANN, *† School Nurse.

J. NORRIS, Clerk to Public Health Dept.

MISS E. M. RHODES, School Medical—Maternity and Child Welfare Clerk.

HENRY POSTON, M.B., Ch.B., Visiting Orthopædic Surgeon.

I. M. BREARLEY, C.S.M.M.G., Masseuse.

Bacteriologist (Part-time), The Public Health Laboratory, (Manchester). (Prof. M. B. Maitland).

* State Registered.
† C. M. B.
‡ Health Visitors Certificate, R. S. I.

To the Chairman and Members of the Public Health Committee.

Mrs. Summers and Gentlemen,

I have the honour to submit to you my second Annual Report on the work of the Health Department.

In reviewing the health conditions in the town during 1932, one has unfortunately to face the most important factor first which is again the condition of 'unemployment.' The table on page 10 shows (as far as figures are able to show) that the tendency has been for an improvement and it is much to be hoped that the figure '37%' of insured persons unemployed will soon be brought down by a revival of industry.

With regard to the Vital Statistics for 1932, two rates are deserving of comment.

Firstly the birth-rate for the year was 13.50 per 1000 of the population—the lowest recorded in the town's history and exceeded by the death-rate which was 14.47 thus giving a decrease in the population of 1.00.

Apart from the three years at the close of the Great War (1917, 1918 and 1919) when the death-rate exceeded the birth-rate, this is the second occasion only when a natural increase of the population has ceased to exist.

It might be noted that the birth rates in the relatively congested Dukinfield and Lancashire wards are in excess of Stayley and Millbrook wards, which reflects the general tendency to-day for the population to be recruited from that section of the community which can ill-afford to support their children.

The second figure calling for comment is the Infantile Mortality Rate which is 71.4 per 1000 births and the lowest recorded in the Borough, but is still higher than the rate for England and Wales or the 126 smaller towns.

When one notes that the Infantile Mortality Rate for Dukinfield Ward is no less than 132 per 1000 live births as against comparatively low rates in the other three wards, it needs little imagination to realise the damaging effect on child life of overcrowding and slum conditions.

With regard to Infectious Disease, generally speaking the year has been satisfactory; an epidemic of mild scarlet fever occurred in the last quarter of the year which was perhaps not altogether unexpected bearing in mind the natural cycle of the disease over many years.

One case of mild smallpox occurred, full measures for preventing its spread were immediately taken, and there were no secondary cases.

1932 is the first year that hospital isolation of infectious disease has been undertaken to an extent comparable with other towns and I would refer you to the section on Infectious Diseases for further remarks on this matter.

With respect to the general conditions of housing in the town, I would again re-iterate the remark I made in a previous Annual Report that 'the present housing conditions constitute the greatest existing menace to the health of the town.'

By way of explanation of this statement, it must be pointed out that home conditions which are hardly suitable for adults in robust health by reason of overcrowding, dampness, darkness and lack of ventilation are eminently unsuitable as surroundings in which to nurse cases of pneumonia, general or infectious illness.

It has been my experience during 1932 that the number of cases of infectious illness which it was found necessary to remove to hospital would have been materially smaller had the housing conditions been at all suitable for their home isolation. It is not unreasonable to suggest that environmental conditions which are prejudicial to the recovery from disease, are in themselves potent factors in the production of ill-health.

Very many conditions of ill-health are directly traceable to inadequate housing conditions, more especially is this true in respect to Rickets in childhood, Rheumatism at all ages, Respiratory conditions generally, verminous conditions and their results and inasmuch as bad environment is capable of inducing disease, it is responsible for an even larger amount of poor health or border-line disease with its resulting loss of efficiency and lack of the sense of well-being.

Naturally the spread of all infectious illness is favoured by overcrowding and lack of domestic accommodation and efforts to prevent the spread of these conditions are often unavailing short of hospital isolation.

I make no apology for stressing the housing question again and with full appreciation of the economic difficulties which it presents, as I am persuaded that this matter demands immediate and whole hearted attention in the interests of health and the town's well being.

I desire to thank Mr. Bradbury, the nursing and clerical staff for their loyal support and assistance and in conclusion to express my appreciation of the assistance and consideration I have received from the Health Committee.

Commending this Report to your notice,

I have the honour to be,

Your obedient servant,

ALAN S. SIMPSON,
Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
STALYBRIDGE,

June, *1933.*

Statistics and Social Conditions of the Borough.

Area (in acres)	3,132
Population Census, 1921	25,216
Population Census, 1931	24,831
Intercensal decrease of population	385
Population, 1932 (Mid-year estimate)	24,880
Number of Inhabited Houses (Census 1931)	6,921
Number of families or separate occupiers (Census, 1931)	6,984
Density of population, i.e.—number of persons per acre	7.9
Rateable value of Borough	£104,647
Sum represented by a penny rate	£380
Excess of Females over Males	1,937

Ward Population (Census 1931).

WARD	Area in Acres	Structurally Separate Dwellings Occupied	Rooms Occupied	Persons per Room	POPULATION			
					Males	Females	Total 1931	Total 1921
Lancashire	581	1716	7168	0.86	2954	3306	6260	5532
Stayley	1168	2834	11857	0.81	4303	5398	9701	10184
Dukinfield	163	1648	6611	0.93	3010	3296	6306	6900
Millbrook	1220	723	3145	0.81	1180	1384	2564	2600
	3132	6921	28781	0.85	11447	13384	24831	25216

Physical Features of the District.

The Borough of Stalybridge is situated in the valley of the river Tame which divides Lancashire and Cheshire; the northern half therefore lying in Lancashire whilst the southern half is in Cheshire; for administrative purposes the borough belongs to Cheshire.

Situated 7½ miles east of Manchester, the borough is surrounded by hills, the main portion of the town being approximately 400 feet above sea-level whilst the area includes land from 350-1000 feet above sea-level. On a later page is appended the Meteorological observations for the year as supplied by Mr. Allan Falconer at Stamford Park.

Social Conditions and Occupations.

The industries of the Borough comprise cotton spinning and manufacturing, calico printing and bleach works, engineering works, woollen mills and other minor industries, and it offers splendid opportunities for the introduction of new as well as the extension of present industries.

The position with respect to unemployment is shown in the accompanying table which refers to the year 1932. The figures in brackets refer to the year 1931.

Unemployment in Stalybridge.

	Men	Women	Juveniles	Total
Insured Persons in Borough 1932	6920 (6830)	5410 (5530)	740 (820)	13070 (13180)
Percentage Unemployed 1st Quarter	41	32	32	37 (47)
Percentage Unemployed 2nd Quarter	43	40	43	42 (45)
Percentage Unemployed 3rd Quarter	42	40	39	41 (46)
Percentage Unemployed 4th Quarter	33	22	25	28 (31)
Average Percentage Unemployed for 1932	40	34	35	37 (42)

The figures in brackets refer to 1931.

TABLE I.

Average Daily Meteorological Observations taken at Stamford Park by Allan Falconer, Park Superintendent.

DATE	HYGROMETER		TEMPERATURES				Total Rainfall in inches above ground per Month
1932.	Dry Bulb	Wet Bulb	Maximum in Shade.	Minimum in Shade	Minimum Exposed.	Maximum in Sun. Black Bulb in Vacuo.	
January	42	41	47	38	35	54	4.51
February	40	36	41	33	30	55	0.39
March	38	37	45	33	33	65	2.59
April	41	40	48	35	34	81	3.90
May	48	46	55	42	40	80	4.63
June	59	51	65	48	46	96	0.52
July	58	56	62	53	51	89	4.86
August	60	57	68	54	52	95	1 81
September	52	51	61	46	41	74	4.35
October	45	44	52	40	31	58	8.32
November	43	42	47	38	36	49	3.33
December	41	40	46	36	34	48	1.54
							40.75

Vital Statistics.

	M.	F.	Total.	
Live Births	176	160	336	
Legitimate	166	154	320	
Illegitimate	10	6	16	
Birth-rate				13.50
Still-births	11	8	19	
Rate per 1000 births				56

	M.	F.	Total.	
Deaths	182	178	360	
Death-rate				14.47
Percentage of total deaths occurring in Institutions			35%	
Infant deaths	13	11	24	
Legitimate	12	11	23	
Illegitimate	1	0	1	
Infant Mortality rate				71.4
Legitimate				71.8
Illegitimate				62.5

Number of women dying in, or in consequence of childbirth :—

From sepsis	0
From other causes	1

Deaths from Measles (all ages)	0
,, ,, Whooping Cough (all ages)	7
,, ,, Diarrhoea (under 2 years of age)	1

Births.

The number of births registered in the Borough was 336. 176 of the children were males and 160 were females.

The number of illegitimate births registered in the Borough was 16.

A proportion of mothers seek admission to the Lake Hospital or the District Infirmary, Ashton-under-Lyne, for their confinement and during the year 68 births took place in the above institutions of children whose mothers reside in the Borough. Thus 20.23% of the births took place in institutions outside the Borough.

The birth-rate for the year is 13.50 per 1000 of the population and is thus lower than England and Wales, or the 126 towns of a comparable size (see Table IV), and the lowest ever recorded in the town.

For the trend of birth rate since the year 1900 see Table III, page 19.

Deaths.

The number of deaths registered during the year was 360, giving a death-rate of 14.47 per 1000 of the population, For a comparison of this rate with England and Wales and other towns of a comparable size, see Table IV, on page 20.

One Third (126) of the above deaths, took place in hospitals or institutions in the neighbourhood. Table VIII, page 24 shows ' inter alia ' the number of deaths occurring in institutions during the last decennium.

The diseases which have been especially active in adding to the number of deaths are :—

		1932	1931
Influenza	causing	5	6
Respiratory Diseases	,,	40	57
Diseases of the Heart and Bloodvessels	,,	105	93
Tuberculosis	,,	25	15
Cancer	,,	46	45
Congenital Debility	,,	14	14
Acute and Chronic Nephritis	,,	9	13
Cerebral Hæmorrhage	,,	29	32
Death due to Violence or suicide	,,	12	15

Classified according to age, the deaths occurred as follows :

	1932	1931
Under 1 year	24	29
Between 1 & 2 years of age	6	5
,, 2 & 5 years of age	6	5
,, 5 & 15 years of age	8	8
,, 15 & 25 years of age	10	9
,, 25 & 45 years of age	25	38
,, 45 & 65 years of age	104	92
,, 65 & 75 years of age	106	106
75 and upwards	71	55
	360	347

Of the 55 deaths which occurred between the age of 1 year and 45 years, and therefore during a period when vitality should be high and mortality low, it is of value to note that the four conditions which accounted for the maximum number of deaths during this period were, in order of frequency :—

Heart Disease	11
Pulmonary Tuberculosis	8
Non-Pulmonary Tuberculosis	6
Pneumonia	5

On Table II, page 18, are shown the causes of and ages at, death registered in the year and compiled locally.

On page 19, Table III shows Birth-rate, Death-rate and Infantile Mortality rate in the Borough since 1900.

Table IV, page 20 shows both Birth-rate and Death-rate for 1932, in comparison with England and Wales, the 118 large towns and the 126 smaller towns.

Inquests.

19 Sudden Deaths were reported to the Coroner.

14 Inquests were held and 14 Post Mortem Examinations were made.

CERTIFIED CAUSES OF DEATH.

	Male	Female	Total
Natural Causes	3	5	8
Misadventure	2	—	2
Suicide whilst of unsound mind	1	1	2
Found Drowned	1	1	2
	7	7	14

Vital Statistics of Respective Wards.

Table XIII page 17, sets out the ward population (Census, 1931,) together with the more important vital statistics relating to each ward of the Borough. Any conclusions drawn from these figures must be treated with caution owing to the small population dealt with and therefore the liability for wide variation in the respective rates.

It might however be observed that the most congested ward in the borough (Dukinfield) shows the highest birth rate, infantile mortality rate and infectious disease incidence rate.

I would suggest that the most important remedy for reducing Dukinfield Ward's infantile mortality rate of 132 per thousand, would be the eradication of much slum property, and some improvement in the housing conditions, in a ward which possesses rather more than its due share of dilapidated and worn out property.

Comparative Table of Vital Statistics in the Various Wards.

TABLE XIII.

WARDS	Populat'n at Census 1931	BIRTHS		Birth Rate	Number of Infant Deaths	Infantile Mortality Rate	DEATHS		INFECTIOUS DISEASE		TUBERCULOSIS	
		Legitim'te	Illeg'm'te				Total Deaths	Death Rate	Number of Notific'tns Zymotic	Zymotic Diseases Morbidity Rate	Number of Notific'tns	Number of Deaths
Lancashire	6260	85	1	13.74	5	58.1	98	3.94	26	4.15	5	8
Stayley........	9701	118	1	12 26	3	25 2	146	5.88	33	3.40	15	10
Dukinfield	6306	101	5	16.82	14	132.1	85	3.43	41	6.51	7	4
Millbrook......	2564	24	1	9.75	2	80.0	31	1.25	7	2.73	1	2
Whole Borough.	24831	328	8	13.53	24	71.4	360	14.50	107	4.31	28	24

TABLE II.

NAME OF DISTRICT, STALYBRIDGE.

Causes of, and Ages at, Death during the Year 1932.

CAUSE OF DEATH.	Nett Deaths at the Subjoined Ages of "Residents" whether occurring within or without the District.										Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.
	All Ages	Under 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 upwards	
ALL CAUSES.											
Certified	361	24	6	6	8	10	25	104	107	71	126
Uncertified	0	0	0	0	0	0	0	0	0	0	0
Enteric Fever	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0	0	0
Scarlet Fever	1	0	0	0	0	1	0	0	0	0	0
Whooping Cough	7	4	1	2	0	0	0	0	0	0	1
Diphtheria	0	0	0	0	0	0	0	0	0	0	0
Influenza	5	0	0	0	0	0	2	1	2	0	1
Tuberculosis of respiratory syst'm	17	0	0	0	0	4	4	9	0	0	9
Other Tuberculous Diseases	8	0	1	1	1	1	2	1	1	0	4
Syphilis	2	0	0	0	1	0	0	1	0	0	1
Cancer, malignant disease	46	0	0	0	0	0	3	22	16	5	21
Diabetes	1	0	0	0	0	0	0	0	1	0	0
Cerebral Hæmorrhage, etc	29	0	0	0	0	0	1	5	16	7	7
Heart Disease	109	0	0	1	1	2	7	29	42	27	36
Aneurysm	1	0	0	0	0	0	0	1	0	0	1
Other Circulatory Diseases	8	0	0	0	0	0	0	3	4	1	1
Bronchitis	21	4	0	0	0	0	0	3	9	5	4
Pneumonia (all forms)	19	1	2	1	1	1	0	5	3	5	10
Peptic Ulcer	1	0	0	0	0	0	0	1	0	0	0
Diarrhoea, etc. (under 2 years)	1	0	1	0	0	0	0	0	0	0	0
Appendicitis	2	0	0	0	1	0	0	1	0	0	2
Cirrhosis of Liver	1	0	0	0	0	0	0	0	0	1	0
Other Diseases of Liver, etc.	2	0	0	0	0	0	0	2	0	0	0
Other Digestive Diseases	5	1	0	0	0	0	1	1	0	2	1
Acute and Chronic Nephritis	9	0	0	0	0	0	0	5	4	0	2
Puerperal Sepsis	0	0	0	0	0	0	0	0	0	0	0
Other Puerperal Causes	1	0	0	0	0	0	1	0	0	0	1
Congenital Debility & Malformation, including Premature Birth	14	13	0	1	0	0	0	0	0	0	3
Senility	19	0	0	0	0	0	0	0	2	17	4
Suicide	2	0	0	0	0	0	0	2	0	0	0
Other Violence	10	0	0	0	0	1	1	7	1	0	7
Other Defined Diseases	18	1	1	0	2	0	3	5	5	1	9
Causes ill defined or unknown	1	0	0	0	1	0	0	0	0	0	1
	360	24	6	6	8	10	25	104	106	71	126

TABLE III.

Birth Rate, Death Rate and Infantile Mortality in Stalybridge, 1900—1932.

YEAR	No. of Births	Birth Rate	No. of Deaths	Gross Death Rate	Infantile Mortality Rate per 1000	Average 5 years		
						Birth Rate	Death Rate	Infantile Mortality
1900	694	24.1	645	22.4	253	24.58	20.1	210
1901	678	24.4	593	21.3	221			
1902	696	24.9	570	20.4	176			
1903	730	25.8	504	17.8	190			
1904	675	23.7	529	18,6	210			
1905	712	24.86	489	17.0	177	23.01	18.635	193.2
1906	698	24.25	556	19.3	206			
1907	641	22.26	626	21.74	218			
1908	670	23.18	557	19.26	219			
1909	595	20.5	461	15.875	146			
1910	618	21.16	457	15.65	166.5	21.62	17.92	165.48
1911	563	21.2	502	18.9	172.3			
1912	568	21.25	440	16.46	137.3			
1913	611	22.7	484	18.00	147.3			
1914	588	21.8	554	20.6	204.			
1915	549	20.37	491	18.2	147.5	16.83	17.75	130.9
1916	440	17.9	408	16.62	109.			
1917	365	14.3	373	15.4	128.5			
1918	404	15.84	477	20.56	143.5			
1919	428	15.76	471	18.00	126.0			
1920	573	21.15	381	14·06	117.0	18.56	15.08	104.9
1921	547	21.23	423	16.4	115.0			
1922	460	17.76	388	14.98	80.0			
1923	416	16.2	384	14.96	110.5			
1924	421	16.5	383	15.0	102.0			
1925	403	16.0	359	14·28	86.8	14.97	14.80	81.1
1926	377	15.33	371	15.13	98.0			
1927	371	15.26	350	14.4	73.0			
1928	352	14.32	345	14.03	68.0			
1929	346	13·94	402	16.2	80.0			
1930	346	13.8	295	11.8	75.0			
1931	361	14.3	347	13.8	80			
1932	336	13.5	360	14.47	71.4			

TABLE IV.

Birth-Rate, Death-rate, and Analysis of Mortality during the Year 1932. (Provisional figures).

(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only.)

—	Rate per 1000 Total Population.		Annual Death-rate per 1000 Population.									Rate per 1000 Live Births.		Percentage of Total Deaths			
	Live Births.	Still-births.	All causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence	Diarrhœa and Enteritis (under two years).	Total Deaths under one year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death
England and Wales....	15.3	0.66	12.0	0.01	0.00	0.08	0.01	0.07	0.06	0.32	0.53	6.6	65	91.1	6.2	1.8	0.9
118 County Boroughs and Great Towns, including London ..	15.4	0.70	11.8	0.00	0.00	0.11	0.01	0.08	0.07	0.28	0.48	8.9	69	91.3	5.9	2.3	0.5
126 Smaller Towns (1931 Adjusted Populations, 25,000 –50,000)......	15.4	0.69	10.8	0.00	0.00	0.06	0.01	0.06	0.03	0.31	0.42	4.5	58	91.9	5.8	1.3	1.0
London	14.2	0.51	12.3	0.00	0.00	0.19	0.02	0.08	0.07	0.27	0.53	12.6	66	89.4	6.2	4.4	0.0
Stalybridge	13.50	0.76	14.47	0.00	0.00	0.00	0.04	0.28	0.00	0.20	0.56	2.9	71.4	92.51	6.66	0.83	0.00

The maternal mortality rates for England and Wales are as follows :

	Puerperal Sepsis.	Others.	Total.
per 1000 Live Births....	1.61	2.63	4.24
,, ,, TotalBirths ..	1.54	2.52	4.06

TABLE V.

NUMBER OF DEATHS.

For the Year 1932.

Causes of Death.

Enteric Fever	0
Measles	0
Scarlet Fever	1
Whooping Cough	7
Diphtheria	0
Influenza	5
Encephalitis Lethargica	0
Cerebro-Spinal Fever	0
Tuberculosis of the Respiratory System	17
Other Tuberculous Diseases	8
Syphilis	2
General Paralysis of the Insane	0
Cancer, Malignant Disease	46
Diabetes	1
Cerebral Hæmorrhage, etc.	29
Heart Disease	109
Aneurysm	1
Other Circulatory Diseases	8
Bronchitis	21
Pneumonia (all forms)	19
Other Respiratory Diseases	0
Peptic Ulcer	1
Diarrhœa, etc. (under 2 years)	1
Appendicitis	2
Cirrhosis of Liver	1
Other Diseases of Liver, etc	2
Other Digestive Diseases	5
Acute and Chronic Nephritis	9
Puerperal Sepsis	0
Other Puerperal Causes	1
Congenital Debility, Premature Birth, Malformation, etc.	14
Senility	19
Suicide	2
Other Violence	10
Other Defined Diseases	18
Diseases, ill-defined or unknown	1
All causes	360

TABLE VI.

REGISTRAR GENERAL'S RETURN FOR YEAR 1932.

Causes of Death.		M.	F.
ALL CAUSES		182	178
Typhoid and Paratyphoid Fevers		0	0
Measles		0	0
Scarlet Fever		1	0
Whooping Cough		3	4
Diphtheria		0	0
Influenza		3	2
Encephalitis Lethargica		0	0
Cerebro-spinal Fever		0	0
Tuberculosis of the Respiratory System		14	3
Other Tuberculous Diseases		2	6
Syphilis		2	0
General Paralysis of the Insane, tabes dorsalis.		0	0
Cancer, Malignant Disease		22	24
Diabetes		0	1
Cerebral Hæmorrhage, &c.		12	17
Heart Disease		46	51
Aneurysm		0	1
Other Circulatory Diseases		3	4
Bronchitis		12	10
Pneumonia (all forms)		7	9
Other Respiratory Diseases		1	1
Peptic Ulcer		1	1
Diarrhœa, &c. (under 2 years)		0	1
Appendicitis		1	1
Cirrhosis of Liver		2	0
Other diseases of the Liver, &c.		0	1
Other Digestive Diseases		3	5
Acute and Chronic Nephritis		11	2
Puerperal Sepsis		0	0
Other Puerperal Causes		0	1
Congenital Debility, Premature Birth, Malformation, &c.		8	6
Senility		5	12
Suicide		1	1
Other Violence		9	3
Other Defined Diseases		13	10
Causes ill-defined or unknown		0	1
Poliomyelitis		2	0
Deaths of Infants under 1 year	Total	13	11
	Legitimate	12	11
	Illegitimate	1	0
Live Births	Total	176	160
	Legitimate	166	154
	Illegitimate	10	6
Still Births	Total	11	8
	Legitimate	11	6
	Illegitimate	0	2

TABLE VII.

The following table shows the number of deaths in each year from the seven chief zymotic diseases, as well as the various Death-rates for the past ten years, and also the deaths of children under 1 year of age to 1000 births registered :

	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Smallpox	0	0	0	0	0	0	0	0	0	0
Measles	0	19	0	9	0	2	1	8	0	0
Scarlet fever	0	0	1	0	0	1	0	0	0	1
Diphtheria and Membranous Croup	0	1	1	2	3	1	2	0	1	0
Whooping Cough	1	0	3	2	2	3	3	0	0	7
Fevers of continued character: Typhus	0	0	0	0	0	0	0	0	0	0
Enteric	0	0	1	0	0	0	0	1	2	0
Doubtful	0	0	0	0	0	0	0	0	0	0
Diarrhœa and dysentery	6	2	7	1	3	2	0	5	2	1
Deaths from the 7 chief zymotic diseases	7	22	13	14	8	9	6	14	5	9
Deaths from other causes	377	361	346	357	342	336	396	281	342	351
Totals for each year due to the Borough	384	383	359	371	350	345	402	295	347	360
Death-rate from the 7 zymotic diseases per 1000	0·27	0·85	0·52	0·56	0·33	0·36	0·24	0·56	0·20	0·36
Death-rate from all other causes per 1000	14·69	14·15	13·76	14·57	14.07	13·67	15·96	10·24	13·60	14·11
General death-rate per 1000	14·96	15·0	14·28	15·13	14·4	14·03	16·2	11.8	13 8	14·47
Deaths of children under 1 year of age to 1000 births registered	110.5	102	86·8	98	73	68	80	75	80	71.4

TABLE VIII.

NAME OF DISTRICT, STALYBRIDGE.

Year	Populati'n estimated to Middle of each Year	Births		Deaths under One Year of Age.		Deaths at all Ages. Total		Deaths in Public Institutions †
		Number	Rate*	Number	Rate per 1000 Births registe'd	Number	Rate*	
1920	27099	573	21.15	67	117	381	14.06	80
1921	25760	547	21.23	63	115	423	16.4	96
1922	25900	460	17.76	37	80	388	14.98	78
1923	25670	416	16.2	46	110.5	384	14.96	95
1924	25400	421	16.5	43	102	383	15.0	115
1925	25140	403	16.0	35	86.8	359	14 28	104
1926	24520	377	15.33	37	98	371	15.13	102
1927	24310	371	15.26	27	73	350	14.4	129
1928	24580	352	14.32	24	68	345	14.03	123
1929	24810	346	13.94	28	80	402	16.2	116
1930	25000	346	13.8	26	75	295	11.8	97
1931	25130	361	14.3	29	80	347	13.8	88
1932	24880	336	13.50	24	71.4	360	14.47	126

*Rates calculated per 1,000 of estimated population.

† Deaths in this column are all apportioned to the Districts in which they lived before removal.

Infantile Mortality.

The number of deaths of infants under one year of age was 24 giving an infantile mortality rate of 71, as against 80 of last year.

These 24 deaths may be subdivided into Neo-natal deaths (those occurring between birth and one month of age) of which there were 13, and deaths occurring between the age of one month and 12 months of age, of which there were 11.

Group I. (Neo-Natal Mortality).

18 stillbirths were notified, which together with the above 13 deaths occurring between birth and one month old, constitute 31 neo-natal deaths, giving a Neo-natal mortality of 92 per 1000 live births.

As the average duration of life of the 13 infants who died under 1 month of age was 3 days, it is clear that environmental circumstances could play a very small part in contributing to this loss of life. The causes therefore of this mortality must be looked for in such factors as the actual delivery, maternal toxæmia, developemental abnormalities, or syphilitic disease.

Full particulars regarding the circumstances of the 18 stillbirths were obtained by the Health Visitors.

Group II. (Infantile Mortality).

Of the total 24 deaths occurring during the first year, 13 were male, and 11 were female, 3 were illegitimate.

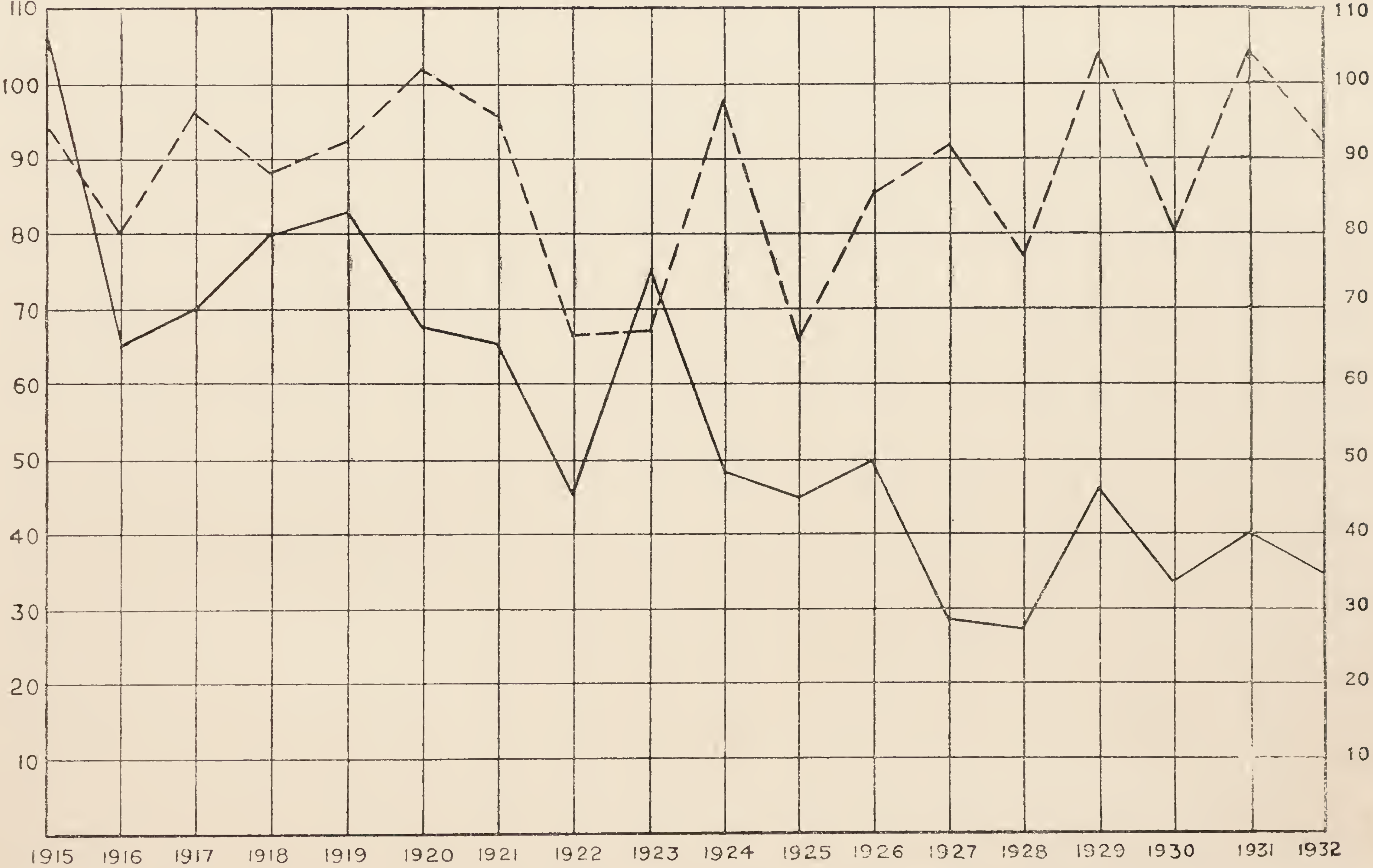
Table IX page 29, shows the group causes of death and the period at which they occurred.

The distribution of the deaths during the year was as follows:

1st Quarter	4.	3rd Quarter ...	6.
2nd Quarter ...	11.	4th Quarter ...	3.

INFANTILE MORTALITY (1915 – 1932)

(STALYBRIDGE)



Group I. - - - - - - - - - = Neo-Natal Mortality Rate (Still Births plus Deaths of Infants under 1 month old).

Group II. ———— = Infantile Mortality Rate (1 month—1 year).

The ward distribution of the deaths is shown in Table XIII page 17, from which it will be seen that over half the deaths occurred in Dukinfield Ward giving an Infantile Mortality Rate for that ward of 132 per 1000 live births, as against 71 for the whole borough.

The graph on page 26 shows the trend of the Neo-natal and Infantile Mortality Rates during the last 15 or more years.

The following table indicates the grouped type of the diseases which are responsible for the 24 deaths.

	Under 4 weeks, Neo-natal.	4 weeks to 3 months.	3 months to 6 months.	6 months to 12 months.	0—12 months.
Common Infectious Diseases.	—	1	1	2	4
Developmental and Wasting Diseases.	11	1	1	—	13
Respiratory Diseases	1	1	1	2	5
Diarrhoea and Enteritis.	—	—	—	—	0
Tuberculosis.	—	—	—	—	0
Other causes..	1	1	—	—	2
All Causes.	13	4	3	4	24

TABLE IX.

NAME OF DISTRICT, STALYBRIDGE

INFANTILE MORTALITY DURING THE YEAR 1932.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under One Year.
ALL CAUSES.										
Certified	11	1	1	0	13	4	3	2	2	24
Uncertified	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0	0
Whooping Cough	0	0	0	0	0	1	1	0	2	4
Meningitis	0	0	0	0	0	0	0	0	0	0
Diarrhœal Diseases	0	0	0	0	0	0	0	0	0	0
Bronchitis	0	1	0	0	1	1	1	1	0	4
Pneumonia (all forms)	0	0	0	0	0	0	0	1	0	1
Premature Birth	8	0	1	0	9	0	0	0	0	9
Atrophy, Debility and Marasmus	1	0	0	0	1	0	0	0	0	1
Atelectasis Pulmonum	0	0	0	0	0	0	0	0	0	0
Other Causes	2	0	0	0	2	2	1	0	0	5
	11	1	1	0	13	4	3	2	2	24

Nett Births in the year :—Legitimate 320 ; Illegitimate 16.

Nett Deaths in the year :—Legitimate Infants 23 ; Illegitimate infants 1.

Vaccinal Condition of Population.

The accompanying table serves to indicate the amount of infantile vaccination which has been undertaken in the town during the last 5 years. The table shows firstly the small proportion of infants who are being vaccinated, viz. during the last 5 years less than one third of the infant population have been protected by vaccination against smallpox, secondly the table shows a definite decline in the number of vaccinations undertaken each year.

It is quite patent that the present community contains a greater proportion of unvaccinated persons than of vaccinated, and that vaccination as practised at present whilst it affords personal immunity to Smallpox to those vaccinated, does not make any serious contribution to the attainment of immunity of the whole population.

Vaccination.

Year.	Certificates received of successful Primary Vaccination of Children under 14 years during the year.	Statutory declaration received in year.
1928.	70	217
1929.	84	219
1930.	41	191
1931.	52	244
1932.	41	205

Venereal Disease.

The treatment of venereal disease for the borough is undertaken at the District Infirmary, Ashton-under-Lyne.

During the year 1932, 30 new cases from Stalybridge have received treatment, 16 of Syphilis, and 14 of Gonorrhœa.

General.

Provision of Health Services in the area

NURSING IN THE HOME.

(a) GENERAL. This is provided for by the Local Sick Nursing Association.

(b) INFECTIOUS DISEASES. Arrangements are in hand whereby nursing assistance will be given by the Health Visitors for such cases of Ophthalmia Neonatorum as require it.

MIDWIVES ACTS, 1902 to 1926.

There are seven midwives practising in the Borough, all but one of whom possess the Certificate of the Central Midwives Board.

Their supervision rests with the Cheshire County Council, who have kindly supplied me with the following information :—

Number of cases during the year in which the County Council paid or contributed to the fee of a midwife in the Borough	4
Number of cases attended by midwives during the year—	
(1) As midwives	126
(2) As maternity nurses	146
Number of cases during the year in which medical aid was summoned by a midwife under Section 14 (1) of the Midwives Act, 1918	146

ANALYSIS OF FOOD AND DRUGS.

The Sale of Food and Drugs Act is administered by the Watch Committee, and I append the Chief Constable's Report on the work for the year :—

During the year, 68 samples under the Sale of Food and Drugs Act were purchased and forwarded to the Analyst for Analysis.

The samples comprised :—

Milk	30	Vegetable Fat	1
Butter	10	Malt Vinegar	1
Cheese	6	Glycerine	1
Condensed Milk	3	Skimmed Milk	1
Olive Oil	3	Olive Oil	1
Lard	2	Flour	1
Margarine	3	Beer	1
Whisky	1	Jam	2
Cream	1		
			68

One sample of Milk was found to be 13% deficient in fat. The farmer was prosecuted and fined.

One sample of Milk was found to contain 1% of added water, and another sample of Milk to be slightly deficient in fat. The vendors in both cases were cautioned.

One sample of Jam was found to contain 10 parts more of Sulphur Di-Oxide than allowed, and the Manufacturer was cautioned.

3 samples of Cheese were found to be poor quality, and the vendor was cautioned.

Laboratory Facilities.

CLINICAL SPECIMENS.

Specimens of clinical material, (sputa, throat swabs, and blood) are sent for examination to the University of Manchester, Department of Bacteriology and Preventive Medicine Laboratories, York Place, or to the laboratories of the District Infirmary, Ashton-under-Lyne.

6 examinations for the Diphtheria organism in throat swabs were made, 2 were found positive.

Dairies, Cowsheds and Milkshops.

There are 28 farms within the Borough of which 26 are producers of milk for sale. On these farms there are 51 shippons and 21 dairies. On one farm only is there an efficient steam equipment for the sterilising of all milk vessels, hot water being the general means for scouring and cleansing on the other farms. Nine farms have installed suitable water coolers for cooling the milk produce. 47 visits of inspection have been made during the year. Generally speaking the premises, also the animals and milk vessels, are kept in a satisfactory condition.

22 shops are registered for the sale of " loose " milk and 93 visits have been paid to these premises. In no case was it necessary to caution the occupiers as to the general Cleanliness of the premises. A number of these are now selling smaller quantities of " loose milk " and are going over to the sale of bottled milk which is making for a better milk supply to consumers.

A large number of shops supply bottled milk only.

Under the Milk (Special Designation) Order, 1923, two licenses have been issued, one for the sale of " Certified " and one for " Pasteurised " Milk.

The number of persons registered under the Milk and Dairies Order of 1926 are :—

Producers in the Borough	26
Producers outside	27
Retail Purveyors	22

Milk Sampling.

During the year 23 milk samples were taken and submitted to bacteriological and biological examination at the Bacteriological Laboratories, Manchester.

Table X, page 36, shows the results.

Twelve of the samples were taken on farms situated within the borough whilst eleven were taken on farms situated outside the borough.

It is pleasing to note that in this routine sampling no case of Tubercular milk was detected during the year.

With regard to the bacterial examinations, in three instances total counts of more than 100,000 would seem to show that a greater effort at 'clean production' is necessary in some cases whilst the presence of B. Coli in 1/100th c.c. in 5 cases also points to dirty and careless methods of production and handling.

Ice Cream.

Four samples of ice cream were taken in the year for bacteriological examination. Two of these were satisfactory, the third was very unsatisfactory and showed evidence of gross contamination, the premises were visited and faulty methods of production were corrected. Following this another sample from this same source was examined and the result was quite satisfactory.

Cases of food poisoning arise from time to time and in some instances are traceable to ice cream, it is therefore important that a watch should be kept on this article of food.

TABLE X.

MILK.

RESULTS OF BACTERIOLOGICAL EXAMINATIONS.

No.	Date.	Nature of Sample	No. of Organisms per c.c.	B.Coli present in		Tubercle Bacilli present
				0.1 c.c.	0.01 c.c.	
1	2/ 3/32	Sterilized Milk	0	—	—	Absent
2	2/ 3/32	Sterilized Milk	20	—	—	Absent
3	2/ 3/32	Sterilized Milk	30	—	—	Absent
4	19/ 4/32	Mixed Milk	3,460	—	—	Absent
5	19/ 4/32	Mixed Milk	20,067	+	—	Absent
6	19/ 4/32	Mixed Milk	5,250	—	—	Absent
7	19/ 4/32	Mixed Milk	7,700	+	+	Absent
8	28/ 4/32	Mixed Milk	41,000	+	—	Absent
9	28/ 4/32	Mixed Milk	11,400	+	—	Absent
10	28/ 4/32	Mixed Milk	5,850	+	+	Absent
11	28/ 4/32	Mixed Milk	24,125	—	—	Absent
12	8/ 7/32	Mixed Milk	199,330	—	—	Absent
13	8/ 7/32	Mixed Milk	97,500	+	—	——
14	8/ 7/32	Mixed Milk	756,700	+	—	Absent
15	8/ 7/32	Mixed Milk	120,000	—	—	Absent
16	1/ 9/32	Mixed Milk	12,125	+	+	Absent
17	1/ 9/32	Mixed Milk	12,800	+	—	Absent
18	1/ 9/32	Mixed Milk	7,150	—	—	Absent
19	1/ 9/32	Mixed Milk	15,400	+	—	Absent
20	15/11/32	Mixed Milk	8,900	—	—	Absent
21	15/11/32	Mixed Milk	12,800	—	—	Absent
22	15/11/32	Mixed Milk	18,867	+	+	Absent
23	15/11/32	Mixed Milk	43,000	+	+	Absent

Water Supply.

With the exception of a group of 185 houses situated in Millbrook, the town derives its water supply from a series of reservoirs in the Brushes Valley which jointly supply Stalybridge, Ashton-under-Lyne, Dukinfield, Mossley, etc.

No samples of the main supply were taken during the year but the subsidiary supply to Millbrook was sampled and the following is the report thereon :—

BACTERIOLOGICAL ANALYSIS. (30/12/32)

				Millbrook Supply.
Quantitative Analysis.	(a) Aerobic micro-organisms growing in 3 days in nutrient gelatine at 20° C.	Non Liquifying Bacteria.	82	104
		Liquifying Bacteria.	22	
	(b) Aerobic micro-organisms growing on standard agar in 48 hours at 37°			2
Qualitative Analysis.	Bacteria associated with Faecal Pollution (B.Coli.)	Found in		100 c.c.
		Not found in		10 c.c.

CHEMICAL ANALYSIS (Taken on December 30th, 1932).

Chemical Results. (in parts per 100,000)	Millbrook. supply
Colour	Blue
Oxygen absorbed	Nil.
Frie and Saline Ammonia	0.0000
Albuminoid Ammonia	0.0026
Nitrous Nitrogen	Nil.
Nitric Nitrogen	0.215
Chlorides	1.4

Hardness—Clark's Method :—	
Temporary	1.5
Permanent	2.8
Total	4.3
Reaction ph.	7.0
Action on lead (24 hrs.)	0.11
Injurious Metals	Nil.

Legislation in Force.

ADOPTIVE ACTS AND LOCAL ACTS.

- Stalybridge Extension and Improvement Act, 1881.
- Infectious Diseases (Prevention) Act, 1890.
- Public Health Acts (Amendment) Act, 1890.
- Public Health Acts (Amendment) Act, 1907.
  - Part 2. Sections 17-22, 25, 27, 28, 30-33.
  - Part 3. Sections 34-36, 38, 43-45, 47, 50-51.
  - Part 4. Sections 52-66 and 68.
  - Part 5. All Sections.
  - Part 7. Section 81 and 86.
  - Part 8. All Sections.
  - Part 9. Section 91.
- Public Health Act (Parts 2-5 inclusive) 1925.

BYELAWS AND REGULATIONS.

- New Streets and Buildings.
- Slaughterhouses, (January, 1931).
- Houses Let in Lodgings, (September, 1933).

Hospitals.

GENERAL.

1. GENERAL. There are no general hospitals within the area. The Borough, however is served by two general hospitals in the neighbouring area of Ashton-under-Lyne. Of these, the District Infirmary is a voluntary hospital with 200 beds, medical, surgical, massage, X-ray, maternity and other departments. Under an agreement with the School Medical Department, they undertake the surgical treatment of tonsil and adenoid cases for the schools.

Cases of difficult labour and certain selected maternity cases where confinement in hospital is desirable, are admitted to the District Infirmary under an agreement with the Corporation.

The Lake Hospital under the Lancashire Public Assistance Committee provide further general accommodation and in addition have a maternity department.

(a). FEVER. The Hyde Borough Infectious Disease Hospital undertake the isolation and treatment of those Stalybridge cases where hospital isolation is called for.

Stalybridge Borough retain five beds for the isolation of cases of Scarlet Fever, Diphtheria and Typhoid Fever, at the Hyde Hospital.

(b). SMALLPOX. Stalybridge, along with the neighbouring Authorities of Ashton-under-Lyne, Hurst, Limehurst, and Audenshaw, jointly use the hospital at Hartshead.

The site belonging to the Joint Smallpox Hospital Board is an extensive one, comprising of several plots and measuring in all some 40 acres and only a small portion of it is occupied by the Smallpox Hospital, with its administrative block and outbuildings.

Ambulance Facilities.

(a). Infectious cases. A Morris ambulance is used for the conveyance of infectious cases to and from hospital, and also for removing bedding, clothing, etc., to the disinfector.

(b). Non-Infectious and Accident cases. The Borough Police have an ambulance for dealing with accidents, etc., for which the charge is 5/- each removal.

Maternity and Nursing Homes.

There are no Maternity or Nursing Homes in the area.

There is no Institutional provision for unmarried mothers, illegitimate infants, or homeless children in the area.

Maternal Mortality.

		Sepsis Puerperal	Others.	Total
England and Wales Rate	Per 1000 live Births	1.61	2.63	4.24
	Per 1000 Total Births	1.54	2.52	4.06
Stalybridge Rate	Per 1000 live Births	0.00	3.00	3.00
	Per 1000 Total Births	0.00	2.81	2.81

During the year one maternal death occurred, the cause being Toxæmia of pregnancy.

The case was treated in the District Infirmary, which institution undertake to treat cases of difficult labour, and in addition a Manchester Obstetric consultant is available for such cases.

Clinics and Treatment Centres.

Name and Situation.	Clinics Held.	By whom provided.
I. Maternity and Child Welfare Centre 38 Market Street.	Infant Consultations. Tuesday 2—4-15 p.m. Wednesday 2—4-15 p.m. Thursday 2—4-15 p.m.	Stalybridge Corporation.
II. School Clinic, 36 Market Street	Minor Ailments. Monday to Friday 9-0—12 noon.	
	S. M. O's Inspection Clinic. Monday 9-30—12. Thursday 9-30—12.	Stalybridge Corporation.
	Dental Clinic. Friday 10 a.m.—12.	
	Ophthalmic Clinic. Mondays 2—4 p.m.	
III. Joint School and M. & C. W. Dept. 36 & 38 Market St.	Artificial Sunlight Clinic. Monday 9—12 noon. Thursday 9—12 noon.	Stalybridge Corporation.
	Orthopædic Clinic. Monday 2—4-30 p.m.	
IV. Tuberculosis Dispensary, Beeley Street, Hyde.	Monday 10—12 noon. Wednesday 2—4 p.m. ,, 6—7-30 p.m.	Cheshire County.
V. Venereal Diseases, District Infirmary, Ashton-u-Lyne.	Monday 6 p.m. (Females) Wednesday 3 p.m. (M. & F.) Thursday 6 p.m. (Males)	District Infirmary, Ashton-u-Lyne.

Maternity and Child Welfare.

The year 1932 has been the first complete year throughout which the Maternity and Child Welfare Services have been administered by a committee of the Borough Council. The nursing staff consists of two health visitors who each devote 4/5ths of their time to this work.

NOTIFICATION OF BIRTHS ACT, 1907. 338 notifications of births were received during the year; 320 of these related to live births and 18 to still-births.

268 notifications were received from midwives, 2 by general practitioners, 63 from the Lake Hospital and 5 from the District Infirmary, Ashton-under-Lyne.

Health Visitors' Work.

The following is a tabular summary of the visits made by the Health Visitors during the year :—

Number of primary visits to children	0—1 year	367
Number of other visits to children ...	0—1 year	2784
,, ,, ,,	1—2 years	1171
,, ,, ,,	2—3 years	1077
,, ,, ,,	3—4 years	1062
,, ,, ,,	4—5 years	1209
,, ,, re Infant Deaths		24
,, ,, re Still Births		18
Total M. C. W. Visits		7712

Visits to cases of Infectious Disease.	Measles	31
	Chicken-pox	22
	Pneumonia	24
	Ophthalmia Neonatorum	81
	Whooping Cough	267
	Scarlet Fever	5
	Erysipelas	2
	Rubella	4
	Influenza	1
Total Visits to Infectious Diseases		437
Total Visits M. & C. W. and Infectious Disease		8149

The Health Visitors visit approximately 95% of the birth notifications and revisit monthly during the first year and subsequently at 3 monthly intervals until the child attends school.

From the above summary of the work undertaken it will be seen that the health of all pre-school children is closely watched from birth up to school age.

The Health Visitors by their special training are well able to advise mothers on how to mould home circumstances to the best advantage from a health standpoint, advice is given on feeding, clothing and the general management of the infant and inasmuch as the advice is given with full knowledge of the existing home conditions and financial circumstances it is of prime practical value.

Children Act 1908.

The Health Visitors undertake the duties of Infant Life Protection Visitors.

On January 1st, 1932, 4 children were on the register, 3 of these cases have been removed from the register having left the district whilst one new case has been placed on the register, leaving 2 nursed out children under supervision at the close of the year.

Infant Consultation Centre.

Number of Sessions held	112
Total number of Attendances of Infants	7288
Average attendance per session	65
Total number of children who attended the Centre for the first time during the year—	
(a) Under 1 year of age ...	267
(b) Between 1 and 5 years ...	22
Total number of children who were attending the Centre at the close of the year—	
(c) Under 1 year of age	168
(d) Between 1 and 5 years ...	222

Percentage of notified live births represented by the number in (a) 79%

Number of Infants for whom food was sold 4130

Percentage of Infants receiving foods 57%

	0—1 year	1—2 years	2—3 years	3—4 years	4—5 years
1st Visits	267	... 14	... 6	... 1	... 1
Subsequent Visits	3834	...1599	... 765	... 520	... 281
Number seen by M.O.	1493	... 403	... 169	... 94	... 81

From the above figures, it will be seen that 112 sessions were held in the year; during the last quarter of the year, an additional weekly session was held on Thursday afternoon to relieve the congestion of the other two days.

It is pleasing to note that the number of fresh cases attending during the year, under 1 year of age represents 79% of the births notified.

The aim of this work as pointed out in last year's report is of a supervisory and educational character whereby mothers are encouraged and instructed in the healthy upbringing of their children. Whilst the principle which underlies this work is the 'maintenance of health' and instruction is directed to how this can be best brought about, the Centre is a place where many defects are noted and direction is given as to the suitable agencies for treatment.

With regard to crippling defects, an orthopædic scheme is now in operation providing for the treatment and supervision of these cases at the centre.

For those conditions where a course of ultra-violet radiation is the best line of treatment, this is given at the clinic.

In connection with the work at the Welfare Centre I would take this opportunity of thanking all those ladies who have so kindly spent a no inconsiderable part of their time in assisting at the work of the centre.

Mrs. Tonge
Miss Sylvester
Miss Rawson
Mrs. Cropper
Mrs. McCarthy
Mrs. Walker
Mrs. Revell.
Miss Broadbent
Mrs. Pocock
Mrs. Hayes
Mrs. Burgess
Mrs. Sykes
Miss Bates

Provision of Milk for Mothers and Children.

In May of the year a limited provision was made for the provision of milk to pregnant mothers and to infants under the age of three years.

From May to December 58 mothers received milk, each case being allowed 1 lb. packet of dried milk a week for one month, after which period a fresh application giving full financial circumstances must be made.

899, 1 lb. packets were supplied free during the year, £67 : 8 : 6 being spent.

In addition to the above free provision of milk in necessitous cases the following represents the ordinary sales of dried milks, cod liver oil, etc., at the clinic during the year :—

3796 (1 lb.) packets of dried milk.
578 lbs. of Virol and Malt and Oil.
223 ozs. of Cod Liver Oil.

The total receipts being £338 : 11 : 8.

Orthopaedic Clinic.

During the year arrangements were made for dealing with orthopædic defects in pre-school and school children, whereby Mr. Poston, a Manchester Orthopædic Surgeon, attends the Market Street Clinic once in two months, to see cases presenting crippling defects and to advise on the lines of treatment.

A certified orthopædic masseuse attends weekly to supervise the treatment ordered and to give remedial exercises.

The first clinic was held on September 12th, 1932, and 14 sessions in all have been held during the year, the masseuse being in attendance at each session whilst the surgeon has held two consultation clinics.

The total number of children attending has been 38 making a total of 235 attendances.

Of these 38 children, 26 were referred by the Maternity and Child Welfare Department and 12 by the School Medical Department.

The conditions for which these children attended were :—

	Maternity and Child Welfare.	School Medical.
Rickets	16	3
Genu-Valgum (Knock Knee)	3	*3
Talipes Equinus	—	1
Talipes Calcaneo Valgus	3	—
Ant-poliomyelitis	1	*1
Infantile Hemiplegia	1	—
Still's Disease	—	1
Congenital Deformity Thumb	1	—
Cut Tendon	1	—
Torticollis	—	1
Postural Kyphosis	—	*2

* Indicates that operative treatment was recommended in respect to one case of the condition mentioned.

As arrangements for in-patient treatment have not yet been decided upon, these cases will remain under out patient supervision.

The outstanding fact in the above table is that it was found necessary to refer 16 cases between the ages of 0 and 5 years on account of deformities due to Rickets; many of these cases showed deformities of an extreme degree.

Rickets is a preventable disease and that it should be allowed to appear and to progress to the stage of obvious deformity call for a close scrutiny of those etiological factors which are known to give rise to the disease.

Given a well balanced dietary, containing an adequate supply of vitamins, during the first two years of its life, an infant living in a well lighted and well ventilated home who receives adequate exercise should never contract the disease.

The incidence of rickets in Stalybridge is probably in excess of many neighbouring towns, the supervision and advice given at the Welfare Centre on the question of infant feeding is probably quite adequate as a measure for ensuring an anti-rachitic diet. There remains therefore the environmental factor of the child and more particularly the house in which it is brought up and I am persuaded that the higher incidence of rickets in Stalybridge is mainly due to the fact that many children are compelled to spend the first two years of their existence in dark, damp and ill ventilated houses.

To have to treat rickets after it has reached the crippling stage is to acknowledge the defeat of true preventive measures.

The measure of prevention, therefore, in this instance is clearly better housing conditions in the interests of healthy children.

It should further be realised that crippling is not the only legacy of rickets but that respiratory and digestive disorders secondary to the disease often lay the foundation for much ill health in school and later life.

Much has been done for these cases in arresting the disease by the orthopædic measures undertaken as well as by regulating the dietary and ultra-violet radiation.

Artificial Light Treatment.

During the year a room at the Market Street Clinic was equipped with one mercury vapour lamp for Ultra VioletRadiation and two Neon Radiant Heat Lamps.

Cases suitable for Treatment by Ultra Violet Radiation are selected by myself from the pre-school children at the Infant Consultations and from children of school age at the routine or special inspections.

A course of 12 exposures at intervals of 3 and 4 days are given and a close watch is kept on the child's general and on the specific condition throughout the course, with a complete medical examination at the commencement and at the conclusion of the course.

The dose at each exposure is increased by a standardised amount though in particular instances it is found necessary to modify the rate of increase and in some cases where general or local reactions are excessive to cease further treatment.

The first session was held on September 22nd, 1932 and 27 sessions in all have been held, the total number of attendances in the three months has been 324.

During the year 26 cases have been dealt with, 14 being referred from Maternity and Child Welfare Department and 12 by the School Medical Department.

Of the 14 Maternity and Child Welfare children, 12 were cases of Rickets and very marked improvement resulted in almost every instance after a full course of Ultra-Violet Radiation, the activity of the disease being arrested.

TABLE XI.

NAME OF DISTRICT, STALYBRIDGE.

Cases of Infectious Disease Notified during the Year 1932.

Notifiable Disease	Cases Notified in whole District.								Total Cases Notified in each Locality.				Total Cases Removed to Hospital.
	At all Ages.	Under 1.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	Lancashire Ward	Stayley Ward	Dukinfield Ward	Millbrook Ward	
Smallpox	1	0	0	0	1	0	0	0	0	0	1	0	1
Diphtheria	2	0	0	1	1	0	0	0	2	0	0	0	2
Erysipelas	10	0	1	0	2	3	3	1	2	4	4	0	0
Scarlet Fever......	83	0	15	62	6	0	0	0	21	25	30	7	49
Puerperal Fever....	0	0	0	0	0	0	0	0	0	0	0	0	0
Puerperal Pyrexia..	2	0	0	0	1	1	0	0	1	0	1	0	1
Enteric Fever	1	0	0	0	1	0	0	0	0	1	0	0	1
Pulmonary Tuberculosis	20	0	0	0	4	8	5	3	5	9	5	1	0
Non-Pulmonary Tuberculosis ..	8	0	0	2	1	3	1	1	0	6	2	0	0
Acute Primary Pneumonia	27	4	5	3	3	5	7	0	8	8	9	2	0
Ophthalmia Neonat.	6	6	0	0	0	0	0	0	0	2	4	0	0
Cerebro-Spinal Meningitis..	1	0	0	1	0	0	0	0	0	0	1	0	1
Acute Poliomyelitis.	1	0	0	1	0	0	0	0	0	1	0	0	0
Encephalitis Lethargica..	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals..	162	10	21	70	20	20	16	5	39	56	57	10	55

Isolation Hospital—Joint Board's Smallpox Hospital. Hospital—Hyde Infectious Disease Hospital.

Prevalence of, and Control over, Infectious Diseases.

GENERAL. 162 notifications of infectious disease were received during the year (as against 123 last year) 28 of these related to various forms of tuberculosis and 134 to other infectious diseases.

Neither Chicken-pox, Measles, Whooping Cough or German Measles are notifiable in the Borough.

As was emphasised last year Measles and Whooping Cough rank as two of the chief causes of death from Zymotic Diseases, the Zymotic Death Rate this year being 0.36 per 1000 of the population.

Whooping Cough contributed to this rate by no less than 7 deaths.

It is therefore highly important that parents should appreciate the seriousness of these two diseases, more particularly in young infants, and that isolation of the cases is called for in the interests of those children who have not had the disease. It is furthermore desirable that there should be provision for hospital accommodation of cases of these diseases developing respiratory complications, so that adequate nursing of the cases may be available.

DISINFECTION.

The cases visited during the year are as follows :—
Scarlet Fever 83, Diphtheria 2, Erysipelas 10, Pneumonia 27, Tuberculosis 28, Puerperal Pyrexia 2, Smallpox 1, Enteric Fever 1, Cerebro-spinal Meningitis 1, Acute Poliomyelitis 1.

Enquiries are made in each case and advice given as to the precautions to be taken where the patients are isolated at home to prevent the spread of the disease.

The Disinfecting Station has again been most serviceable in dealing with infected articles. 89 beds, 175 pillows and bolsters, 231 blankets and 390 other articles have been dealt with.

Also 147 premises, including the Elementary Day Schools, have been disinfected by fumigation.

25 books issued from the Public Library were destroyed.

Specific Infections.

SCARLET FEVER.

Case Rate 3.3 per 1000 population, Stalybridge.
Case Rate 2.12 per 1000 population, England and Wales.

83 cases of Scarlet Fever were notified as compared with 46 in 1931.

The cases were unevenly distributed throughout the year as shown :—

1st Quarter	11
2nd Quarter	3
3rd Quarter	12
4th Quarter	57

The larger number of cases this year was due to an epidemic occurring in the last quarter of the year, and commencing shortly after the schools re-opened following the summer holidays.

11 cases occurred amongst pre-school children, 66 Cases amongst school children and 6 cases were over school age.

Of the 66 cases amongst school children, there was no indication of any special incidence on any one particular school.

41 cases were males whilst 42 were females.

The ward distribution of the cases was as follows :—

Stayley Ward	25 cases.
Dukinfield Ward	30 cases.
Lancashire Ward	21 cases.
Millbrook Ward	7 cases.

The number of cases removed to hospital was 49, as against 8 of last year; thus it was found necessary to remove over half the cases to hospital. The average duration of stay in hospital was 39⅓ days.

At the close of the year 12 cases remained in hospital.

Scarlet Fever is a milder disease than it used to be, though its complications are not without seriousness.

Provided there is adequate home accommodation for isolation and nursing of the case, removal to hospital in many cases is uncalled for.

The percentage of cases removed to hospital this year has been over 50, and this figure would have been substantially smaller had it not been for overcrowding and inadequate facilities for isolating and nursing the cases at home.

To attempt isolation of one member of a family of eight living in two rooms, at home is impossible.

The best method therefore of lowering the expenses of hospital isolation is to ensure reasonable home conditions where isolation of Scarlet Fever would be possible.

One death resulted from the disease.

DIPHTHERIA.

Case Rate 0.08 per 1000, Stalybridge.
Case Rate 1.08 per 1000, England and Wales.

Only two cases of this disease were notified during the year, both were removed to hospital and no deaths resulted.

A supply of diphtheria anti-toxin is available for general practitioners and can be obtained at the Health Department or at the Police Station.

No experimental work in connection with the ascertainment of susceptibles nor in respect of immunisation has been undertaken.

SMALLPOX.

Case Rate 0.04 per 1000, Stalybridge.
Case Rate 0.05 per 1000, England and Wales.

One case of Smallpox occurred in April in a man of 19 years. The case was immediately removed to Hartshead Smallpox Hospital, all the relatives and immediate contacts were vaccinated and kept under close observation.

No further cases resulted.

Four vaccinations were undertaken during the year under the Public Health (Smallpox Prevention) Regulations, 1917. See also 'Vaccinal Conditions of Population,' page 30.

ERYSIPELAS.

Case Rate 0.40 per 1000, Stalybridge.
Case Rate, 0.36 per 1000 England and Wales.

10 cases of this disease were notified against 4 cases last year.

ENTERIC FEVER.

Case Rate 0.04 per 1000, Stalybridge.
Case Rate 0.06 per 1000, England and Wales.

One case of this disease was notified in January of the year being a case of Typhoid Fever.

The source of infection was probably outside this district; the case was removed to hospital, and was discharged on recovery after 6 weeks.

PUERPERAL PYREXIA.

Case Rate 5.6 per 1000 Total Births, Stalybridge.
Case Rate 8.5 per 1000 Total Births, England and Wales.

Two cases of Puerperal Pyrexia were notified during the year. No cases of Puerperal Fever were notified during the year. The Puerperal Fever Rate per 1000 Total Births for England and Wales being 3.3.

OPHTHALMIA NEONATORUM.

6 cases were notified during the year, one of which removed from the district shortly after notification. Of the remaining 5, one case died of Pneumonia and Whooping Cough before the eye condition had cleared, the remaining four cleared up with unimpaired vision after treatment at home by the Health Visitors under medical supervision.

The duration of the disease ranging from 12 days to 4½ months.

In three out of five cases, there was a history of leucorrhœal discharge in the mother.

Cases notified	6
Treated at home	4
Treated in hospital	1 (died of intercurrent disease)
Vision unimpaired	4
Vision impaired	0

GASTRO-ENTERITIS.

One death was recorded as due to Infective Enteritis, a child 15 months old.

INFLUENZA.

Influenza was mentioned as a cause of death in 5 residents during the year. 2 being due to its cardiac complication in persons of advanced years.

2 being due to its respiratory complication and the other to an associated meningitis. The cases were sporadic.

PNEUMONIA.

27 notifications of pneumonia were received during the year. In 8 instances the disease was stated to be of the acute influenzal type, and in 19 instances of the acute primary type (Lobar). 14 cases were males, whilst 13 were females.

All cases were investigated by a member of the Public Health Staff.

No cases were removed to hospital by the Authority.

The age distribution of the notified cases was as follows :

0 to 1 year	4
1 to 2 years	4
2 to 5 years	1
5 to 10 years	3
10 to 15 years	0
15 to 20 years	3
20 to 35 years	4
35 to 45 years	1
45 to 65 years	7
65 and over	0
Total	27

ACUTE POLIOMYELITIS.

One case of this disease in a boy of 6 years was notified on April 13th. Unfortunately he died 8 days after the onset.

ACUTE CEREBRO-SPINAL MENINGITIS.

One case in a girl of 9 years was notified in January of the year and was removed to Monsall Fever Hospital.

All the immediate contacts were swabbed and one contact a sister proved to be a carrier of Meningococci, after local treatment to the throat and naso-pharynx a further examination gave a negative result.

Tuberculosis.

28 notifications relating to Tuberculosis were received during the year and in addition two cases were transferred to the register from other areas.

21 related to Pulmonary and 9 to Non-Pulmonary Tuberculosis.

Table XII. will show the age and sex distribution of the cases.

TABLE XII.

New Cases and Mortality during 1932.

Age Periods	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	...	...	...	...	...	...
1	...	...	...	...	...	...	...	2
5	...	...	...	...	...	...	...	...
10	...	...	2	...	...	...	1	...
15	1	1	...	2	2	...	...	...
20	2	1	...	...	2	...	...	1
25	5	1	2	...	2	1	...	...
35	1	1	...	1	1	...	1	1
45	2	2	...	1	5	2	...	1
55	...	1	...	...	2	...	...	...
65 and upwards ...	2	1	...	1	...	...	...	1
	13	8	4	5	14	3	2	6

The ward distribution of the cases was as follows :—

Lancashire	Stayley	Dukinfield	Millbrook.
6 (Non-Pul) includ. (1).	15 (6)	8 (2)	1 (0)

24 cases were admitted to Sanatoria during the year, 16 of whom were males and 8 were females.

14 cases were discharged from Sanatoria during the year, 7 of whom were male whilst 7 were female.

Through information supplied to me by Dr. Young, the County Medical Officer of Health, I give the number of specimens of Sputa received and examined from the Borough.

Total Number of Specimens examined.	Results	
	Positive	Negative
98	17	81

TUBERCULOSIS MORTALITY.

The number of deaths from Pulmonary Tuberculosis recorded during the year was 17 giving a mortality rate of 0.68 per thousand of the population.

The number and rates for recent years is as follows :—

PULMONARY TUBERCULOSIS.

Year.	1932.	1931.	1930.	1929.	1928.
Number of Deaths	17	13	13	12	18
Death Rate	0.68	0.52	0.52	0.50	0.73

14 deaths were of males whilst 3 were of females.

8 deaths occurred from non-pulmonary tuberculosis, 2 being male and 6 were female.

Generally speaking there were no cases where notification was very much delayed and the average period elapsing between notification and death of the 17 pulmonary cases was 3½ years.

The Tuberculosis Officer will be glad to see any case in consultation with the medical practitioner and advise as to whether notification is called for.

For some years now the Tuberculosis Register has been in need of revising in order to remove a large number of cases, where it appeared that they had left the district or become ' cured.'

Much time during the year was spent in bringing the register up-to-date and as a result 138 cases were removed from the register during the year leaving 138 cases on the register at the close of the year.

The large majority of these 138 cases are under Dispensary Supervision at Hyde Tuberculosis Dispensary.

Table XIV. will show the state of the Tuberculosis Register throughout the year.

Respiratory Diseases.

The number of deaths due to this group of diseases which include Bronchitis, Pneumonia, Pleurisy and other Diseases of the Respiratory Organs, was 40.

Year.	1932.	1931	1930	1929	1928	1927
Number of Deaths	40	88	57	132	63	66
Death Rate	1.61	3.5	2.2	5.32	2.56	2.7

21 of these deaths were attributed to Bronchitis, 19 to Pneumonia.

TUBERCULOSIS REGISTER—TABLE XIV.

Year Ending December 31st, 1932.	MALES		FEMALES		TOTAL
	Pul-monary	Non-Pul-monary	Pul-monary	Non-Pul-monary	
(*a*) Number of cases on Register at beginning of year	82	49	77	38	246
(*b*) Number of cases notified under Regulations of 1930 for first time in year	12	4	8	4	28
(*c*) Number of cases restored to Register...............	—	—	—	—	—
(*d*) Number of cases added to Register otherwise than by formal notification	1	—	—	1	2
(*e*) Number of cases removed from Register during the year	60	20	43	15	138
(*f*) Number of cases remaining on Register on 31st Dec...	35	33	42	28	138

Cancer.

The number of deaths attributed to Cancer (including Malignant Disease) during the year was 46, giving a mortality rate of 1.44 per 1000 of the population.

The numbers for previous years are :—

1932	1931	1930	1929	1928	1927	1926
46	44	38	38	32	46	34

The ward distribution of the 46 deaths was as follows :—

Lancashire	Stayley	Dukinfield	Millbrook
19	14	11	2

The age distribution :—

20-35	35-40	40-45	45-50	50-55
1	1	1	5	5
55-60	60-65	65-70	70-75	75 &
3	9	8	8	5

As regards sex, 22 of the deaths were of males, and 24 were of females.

As regards site of the disease :—

23	Digestive Tract	2	Other Female Genital Organs
5	Breast	3	Male Genital Urinary Organs
4	Uterus	9	Other, or Unspecified Organs.

It will thus be seen that Cancer is responsible for approximately 12.7% of the total deaths, and occupies 2nd place on the list of 'Principal Killing Diseases.'

It cannot be too strongly emphasised that the chances of a cure in any case of cancer are generally speaking dependant on the stage to which the disease has advanced; the earlier the stage at which treatment is commenced, the better the outlook for the patient.

In view of this fundamental fact regarding Cancer, every man or woman who has passed the age of 40 years is most strongly urged to consult their medical adviser at the earliest possible moment where there is any departure from his or her normal standard of health.

A verdict of 'Not Cancer' in January is preferable from one of 'Too Late' in December.

Police Surgeon : Report.

The strength of the Borough Police Force is as follows :...

1 Chief Constable, 2 Inspectors, 6 Sergeants and 20 Constables.

The general health of the force during the year has been good considering the nature of the duties and the constant exposure to all types of weather.

During 1932, 67 days were lost through sickness whilst no time was lost on account of injuries received whilst on duty.

One recruit was examined in the year.

I would acknowledge with pleasure the assistance given by the Chief Constable and his Officers in all matters arising out of this branch of the work.

Housing.

During the year the area known as 'Mount Pleasant' was inspected and defined on the map, visited by the Public Health Committee who decided that this area comprising 74 houses was an 'unhealthy area' within the meaning of Section 1 of the Housing Act, 1930.

Steps are therefore being taken to deal with this as a Clearance Area.

In addition to the work shown in the following table, a closing order was made on 10 houses in the Bridge Street Area under the Stalybridge Extension and Improvement Act of 1881.

The main accurate information regarding Housing conditions of the Borough is contained in the Census Returns of 1931.

In 1931 there were 7,060 structurally separate dwellings in Stalybridge. The average number of rooms per house was 4.16.

The average number of persons per room was 0.85. The number of private families in the borough was 6,984 and the average size of the family was 3.51.

As an indication of the degree of overcrowding, the following figures show its extent :—

8090 persons are living in houses where the density of occupation (i.e. persons per room) is between 1 and 2.

1014 persons are living in houses where there are over 2, but under 3 persons per room, whilst 222 are living in houses where the density is over 3 persons per room.

The standards adopted for determining overcrowding are variable, the Registrar-General's Standard specifies more than 2 persons per room, a further standard is based on bedroom accommodation, again the separation of the sexes has evolved another basis for determining overcrowding.

Overcrowding estimated on these differing criteria will vary.

Applying the Registrar General's method to the 1931 Census gives Stalybridge 1,236 persons living in overcrowded houses or approximately 5% of the population.

Some interesting results appear from applying the Registrar General's Standard of 2 persons per room to the conditions obtaining at 154 consecutive cases of Infectious Disease notified in 1932.

Amongst 154 home enquiries regarding infectious disease during the year, 20 houses (13%) were found to be overcrowded on the above basis.

Moreover amongst the 49 cases of Scarlet Fever removed to hospital for isolation there were 14 overcrowded houses, i.e. 28% of the houses had over 2 occupants per room, which clearly serves to indicate that the reasons for removal of infectious cases to hospital generally speaking, are inability to isolate at home owing to overcrowding or defective housing conditions.

In September, 1932, the Stalybridge Council adopted a series of Byelaws with respect to 'Houses Let in Lodgings,' these Byelaws were briefly:—for controlling the number of persons occupying a house or part of a house as lodgers; for the registration and inspection of such houses; for enforcing their sanitary condition; for the provision of certain amenities with respect to—

(a) closet accommodation
(b) water supply and washing accommodation
(c) storage and preparation of food

and other matters.

It has been within the knowledge of the Health Department for some time that there exists many premises in the borough where lodgers are taken, which premises are unsatisfactory from the point of view of accommodation and general arrangements.

The enforcement of these byelaws is rendered difficult by reason of the shortage of houses at present and until new houses are provided at a reasonable rent there must perforce exist houses where overcrowding and discomfort are provided for those seeking houses and very often provided at relatively extortionate rents.

Housing—Inspection.

1. Inspection of Dwelling-Houses during the year.

(1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 252

(*b*) Number of inspections made for the purpose 620

(2) (*a*) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 44

(*b*) Number of inspections made for the purpose ... 314

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 84

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 242

2. Remedy of Defects without Service of Formal Notice—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 126

3. Action under Statutory Powers during the Year :—

A.—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 36

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	1
(*b*) By local authority in default of owners	Nil.
B.—Proceedings under Public Health Acts :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	Nil.
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:	
(*a*) By owners	Nil.
(*b*) By local authority in default of owners	Nil.
C.—Proceedings under sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	Nil.
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil.
D.—Proceedings under section 20 of the Housing Act, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil.
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil.
E.—Proceedings under section 3 of the Housing Act, 1925 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil.

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(*a*) By owners	Nil.
(*b*) By local authority in default of owners	Nil.

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close.	Nil.

F.—Proceedings under Section 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of dwelling-houses in respect of which Closing Orders were made	Nil.
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	Nil.
(3) Number of dwelling-houses in respect of which Demolition Orders were made	Nil.
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil.

Annual Report, 1932.

The Sanitary Inspector, Mr. W. J. Bradbury, submits the following Report upon the work done in his department.

General Inspection.

The general inspection of the various premises within the Borough for the discovery of such conditions causing or likely to cause nuisances has been continued throughout the year. The total number of inspections, interviews and re-visits made is 4190 and the number of informal notices served for the removal of nuisances found is 1080.

The following table shows a summary of the principal nuisances and defects (excluding defects under Housing Acts, 1930) which have been dealt with :—

Defective and Blocked Drains	120
Defective and Blocked W.C's.	10
General Defects on property	183
Absence of ashbins, etc.	269
Dirty houses, yards, and passages	4
Smoke nuisances	4
Manure Accumulations	14

Housing Inspection.

The total number of dwelling houses inspected for the year is 252. Of these 44 were inspected and recorded under the Housing Consolidated Regulations, 1925, and 208 were dealt with under the Public Health Acts (including defects found when visiting cases of infectious disease). 249 informal notices have been served for the necessary repairs to be carried out and 126 of them have been complied with.

13 newly erected houses have been certified for habitation during the year, all of which were erected for sale and are now occupied. Several large residences and redundant public houses may now be considered tenement houses or "houses let in lodgings." These premises are let to different tenants, in some cases a bed-sitting room may contain a family of parents and several children paying a high rent for the use of one room.

A continuance of the supply of free slaked lime to householders has resulted in 613 buckets being given out for lime-washing conveniences, bedrooms and basement premises.

Sanitary Improvements.

As practically all the properties of the Borough are now properly connected up with the sewerage system and are provided with a water closet, it is pleasing to note that, with three exceptions, the privy middens still existing are in the rural area, These, when converted, will have to have some separate treatment for dealing with the sewage as they are situated considerable distances from a sewer. The number of privy middens now in existence in the Borough is 14 attached to which are 37 privy closets.

The following list shows the conversions and additions which have been carried out during the year.

STAYLEY WARD.

1 W.C.	11 Cranworth Street	Additional.
1 W.C.	Commercial Hotel, Kay Street	„
1 W.C.	66 Stocks Lane	„
1 W.C.	26 Astley Street	„
1 W.C.	52 Melbourne Street	„
1 W.C.	125 Mottram Road	„
1 W.C.	Bungalow, Brewery Lane	New house.
2 W.C's.	2 Dwellinghouses Lindsay St.	„

LANCASHIRE WARD.

1 W.C.	Shop Cocker Hill	Additional
1 W.C.	22 Stamford Street	„
1 W.C.	1 house and shop	New building
6 W.C's.	Ridge Hill Lanes	„ „

DUKINFIELD WARD.

1 W.C.	Bk. Castle St. (Tripe Works)	New W.C.
1 W.C.	Crown Inn, High Street	Additional

MILLBROOK WARD.

4 W.C's.	Huddersfield Rd. (Nr. Golf House)	New building.

The following table shows the number of conveniences in use in each Ward :—

	Houses & Shops.	T.W.Cs.	W.W.Cs.	Privies.	Pails.
Lancashire Ward	1823	1094	531	5	21
Stayley Ward	2985	1724	790	7	25
Dukinfield Ward	1766	1031	218	16	1
Millbrook Ward	744	466	159	9	41
	7318	4315	1698	37	88

Also the following table shows the accommodation at the Factories, Workshops, Schools and Churches (inclusive).

T.W.Cs.	W.W.Cs.	Pails.
1026	9	5

The scheme for replacing dry ashpits by the Department supplying ashbins has been continued. Owing to a decision to estimate a smaller amount of money for this purpose 21 ashpits have been dealt with and replaced by 131 ashbins. Altogether, since the scheme was inaugurated, 165 ashpits have been remodelled or dispensed with and 649 ashbins have been supplied.

Meat Inspection.

The number of slaughterhouses in use is eight (three being closed during the year) all of which are licensed annually. They are all kept in good condition and are cleansed and limewashed at frequent intervals.

As the slaughterhouses are some distance apart, considerable time is taken up in regular visitation during slaughtering hours. 537 visits were paid to these premises during the year for the purpose of inspecting carcases.

The following are particulars relative to the surrender of diseased meat and other food which have been examined and found to be unfit for human consumption :—

TUBERCULOSIS.

4 whole carcases of cows and organs.
1 set of lungs.
1 set of lungs and mesentery.
1 set of lungs, pleura and liver.
1 liver.
1 liver, spleen and pleura.
1 set of lungs, pleura, stomach, intestines and peritoneum.
1 liver.

SEPTIC MASTITIS.

Whole carcase and organs.

CIRRHOSIS AND FLUKE.

15 bovine livers.

Three cwt. of pigs feet were removed and destroyed.

The following articles of canned food were inspected at the premises of wholesale grocers and were removed for destruction:—6 tins of boiled beef, 13 tins of boiled mutton, 5 tins of lobster, 3 tins corned beef, 26 tins condensed milk, 5 tins fruit salad, 21 tins of pears, 60 tins of peaches, 5 tins of pineapple chunks and 19 miscellaneous tins of food.

The Public Health (Meat) Regulations, 1924 are complied with by the butchers; also wholesale grocers and others are satisfactorily dealing with the storage of hams and bacon. All the butchers shops and premises where food is stored or prepared are regularly inspected, the number of visits for the year being 1030. There are four premises where ice cream is prepared and during the season these are visited from time to time.

Tripe boiling is the only offensive trade in the Borough. The four premises used for the trade are localised to one district, namely, Back Castle Street. These are periodically visited and are kept in a satisfactory condition.

Smoke Observations.

Owing to a number of the mills and factories being permanently or temporarily closed, fewer observations have been taken during the year, in all 26. The limit for dense smoke was exceeded on 3 occasions as follows :—

(1). 10 minutes excess.
(2). 4 minutes excess.
(3). 4 minutes excess.

Inspection of Factories & Workshops.

There are 40 workshops and 48 bakehouses on the Register. Inspections are made at intervals as shown in the table below. There is a general tendency to instal machinery (electrically driven) in the larger bakehouses and a number of small workshops have similarly gone on to power and are now non-textile factories. So far as can be ascertained, there are no outworkers employed in the Borough.

The sanitary condition of factories and workshops has well been maintained and no complaints were received from H. M. Inspector of Factories during the year.

	Inspections	Written Notices	Prosecutions
Factories	31	10	—
Workshops and Workplaces	148	11	—
Total	179	21	—

DEFECTS FOUND IN FACTORIES AND WORKSHOPS.

Nuisances under the Public Health Acts—

	Defects found	Defects remedied	Referred to H.M. Inspector	No. of Prose-cut'ns
Want of Cleanliness	2	2	—	—
Other nuisances	5	5	—	—
Sanitary accommodation—				
,, ,, unsuitable or defective	9	6	—	—
,, ,, not separate for sexes.	1	1	—	—
,, ,, insufficient.	4	3	—	—
Total	21	17		—

Canal Boats Report.

As in previous years occasional visits have been made at various points along the Canal which runs through the Borough. No boats at all have been met with, pointing to the fact that in this district the Canal is not used for the transport of goods.

Mortuary.

This building, which belongs to the Public Health Department, is well equipped and kept up-to-date. 17 bodies have been received during the year for post-mortem examination.

Contagious Diseases (Animals) Inspections

236 licenses were issued under the Importation of Animals Order and 14 licenses under the Swine Fever (Regulation of Movement) Order.

No licenses were issued under the Foot and Mouth Disease Restrictions.

There is one authorised lair for use and accommodation of imported Irish Cattle in the Borough. The average number of cattle and sheep imported weekly are 10 and 30 respectively.

House Refuse Collection.

The important work of house refuse removal has been regularly carried out and for almost the whole of the Borough a weekly service is now maintained.

The number of loads collected was 6837. Each month, for one day all the vehicles loaded with refuse are weighed on the Gas Works Weighing Machine. On these weights the loads are approximated giving an approximate weight for motor waggons of 1 ton, 2 cwts. 2 qrs. per load, and for carts of 16 cwts. 2 qrs. per load. The net cost of collecting after deducting cash received for trade refuse for the year, is £3055 at the net cost per load of 8/11.2.

The following table shows the return of the number of ashbins, privy middens, and dry pits which have received attention during the year.

Ashbins.	Middens,	Dry pits.	Loads.
227498 ..	40 ..	734 ..	6837

The number of privy middens, dry ashpits and ashbins is shown below in each Ward, the refuse from which is removed by this Department.

	Privy Middens	Dry Ashpits.	Ashbins.
Lancashire Ward ...	5	17	1501
Stayley Ward	2	68	2266
Dukinfield Ward....	4	38	1158
Millbrook Ward	3	28	543
	14	151	5468

Refuse Disposal.

The whole of the refuse is now dealt with by " controlled " tipping. No refuse—such as paper or other combustible material —is burned at the tips but all refuse at the close of each day's work is wholly covered up and left in a tidy state for the next day's tipping. Under such conditions no nuisance occurs and the ultimate result is not simply a saving to the rates but also a valuable reclamation of land in different parts of the Borough. The Department is fortunate in having a number of suitable sites to be filled in with little or no rent having to be paid for use of the land.

The average cost of disposal per ton (approximate) as 2/3.3.

The loads of refuse were disposed as follows :—

TIPS.

No. 3 Tip	100
No. 6 Tip	2852
No. 7 Tip	210
No. 10 Tip	3608
No. 11 Tip	67

1867 loads of soil and ashes were collected by our vehicles, etc.

997 loads of street sweepings, etc., were received at the tips from other departments and firms, and 104 loads of paper were used for bailing purposes.

TABULAR STATEMENT OF INSPECTIONS

For the Year ended Dec. 31st, 1932. Compiled by the Sanitary Inspector.

Nature of Inspections Made.	Number.	Number of defects for which Notices have been served		Result of Service of Notices.			
						Prosecutions.	
		Statutory	Informal.	Complied with.	Remaining in hand.	Instituted.	Pending.
1. Dwelling Houses (general inspections)	214	346	61	..	407	..	..
2. ,, ,, (Housing Acts)	306	..	183	121	62	..	..
3. Courts, Yards, and Passages	7	..	4	2	2	..	..
4 Defective W.C's	83	..	6	5	1	..	..
5. Drainage	305	..	130	90	40	..	..
6. Defective Privy-Middens	20	..	1	1	..	..	..
7. ,, Pail Closets	14	..	3	3	..	..	..
8. ,, Ashpits	92	..	53	34	19	..	..
9. ,, Ashbins	296	..	217	200	17	..	..
10. Keeping of Animals	6	..	..	..	..	..	..
11. Offensive Accumulations	36	..	14	11	3	..	..
12. Infectious Disease Enquiries	247	..	5	5	..	..	..
13 Farms and Dairies	47	..	..	..	..	..	..
14. Milkshops	93	..	..	..	..	..	..
15. Factories	31	..	10	7	3	..	..
16. Workshops	38	..	5	4	1	..	..
17. Bakehouses	110	..	6	6	..	..	..
18. Smoke Observations	24	..	4	4	..	..	..
19. Slaughterhouses	35	..	2	2	..	..	..
20. Meat Inspections (at Slaughterhouses)	537	..	..	..	..	..	..
21. Butchers' Shops	739	..	..	..	..	..	..
22. Fish Shops	197	..	..	..	..	..	..
23. Other Food Premises	94	..	..	..	..	..	..
24. Milk Samples	31	..	..	..	..	..	..
25. No. of Visits to Tips	167	..	..	..	..	..	..
26. Interviews	94	..	..	..	..	..	..
27. Inspections under C.D.A.	86	..	..	..	..	..	..
28. Miscellaneous	141	..	30	28	2	..	..
Totals	4190	346	734	523	557	..	..

ECLIPSE WORKS
GWS&C